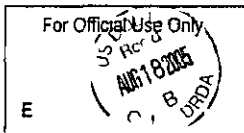


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9706</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>JOSEPH T GALLAGHER</u> P O Box Bldg Room No if any <u>N/A</u> Street <u>176 NORFOLK ST.</u> City <u>MANCHESTER</u> State <u>NH</u> ZIP Code + 4 <u>03103</u>	4 Name file number and address of labor organization Name <u>Local # 6 HEAT & FROST INSULATORS</u> Labor Organization File Number <u>003262</u> P O Box Building and Room Number if any <u>N/A</u> Street <u>3073 FREEPORT ST</u> City <u>DORCHESTER</u> State <u>MA</u> ZIP Code + 4 <u>02122</u>
5 Position in labor organization <u>VICE PRESIDENT AND ANNUITY FUND TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature _____

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed _____

On _____

Date

Telephone Number

Name of Person Filing JOSEPH T. GALLAGHER	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name THE SEGAL CC</p> <p>Trade Name if any N/A</p> <p>P O Box Bldg Room No if any N/A</p> <p>Street 116 HUNTINGTON AVE</p> <p>City BOSTON</p> <p>State MA ZIP Code + 4 02116-5744</p> <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name LOCAL #6 ANNUITY FUND</p> <p>Trade Name if any ASBESTOS WORKERS</p> <p>P O Box Bldg Room No if any N/A</p> <p>Street 56 ROLAND STREET</p> <p>City BOSTON</p> <p>State MA ZIP Code + 4 02129</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">CHRISTMAS DINNER 12-04</div> <p>11 b Approximate dollar value of such dealing \$100.00</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">0% INTEREST - PAID SEGAL BACK BY CHECK FOR DINNER</div> <p>12 b Amount \$100.00</p>
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<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14 b Amount of payment</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>